

**30 DECEMBER 1998**



**Safety**

**MISHAP NOTIFICATION, INVESTIGATION,  
RESPONSE AND REPORTING PROCEDURES**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction establishes procedures to ensure all appropriate agencies are promptly notified when a mishap occurs, on or off base, involving personnel assigned to, or government equipment owned and used by Vandenberg AFB units. It further describes procedures for mishap response, investigating and reporting, and the monitoring of corrective actions. This instruction implements AFI 91-204, *Investigating and Reporting US Air Force Mishaps*, and AFI 91-202, *US Air Force Mishap Prevention Program*. This instruction applies to all host and tenant units on Vandenberg AFB. This publication requires the collection and maintenance of information protected by the Privacy Act of 1974. Forms affected by the Privacy Act will have an appropriate Privacy Act Statement or one will be provided upon request. The authorities to collect and or maintain the records prescribed in this publication are Title 10, United States Code (U.S.C.) 55, Medical and Dental Care, 10 U.S.C. 8013, Secretary of the Air Force; powers and duties, delegation by as implemented by AFI 41-115, Authorized Health Care and Health Benefits in the Military Health Service System (MHSS). Systems of records notice F168 AF SG C Medical Records applies. The Paperwork Reduction Act of 1974 as amended in 1996 and AFI 37-160, Volume 8, *The Air Force Publications and Forms Management—Developing and Processing Forms*, affects this publication.

**SUMMARY OF REVISIONS**

The revision of this publication is to meet the format standards required by the Air Force. No content material has changed. Some required format changes have been made to allow for the conversion process.

**1. Responsibilities:**

- 1.1. The Vice Commander (30 SW/CV) designates the Mishap Investigation Board President.
- 1.2. The Chief, Safety Office (30 SW/SE):
  - 1.2.1. Determines reportable mishaps.

- 1.2.2. Briefs the 30 SW/CV on reportable mishaps.
- 1.3. The Ground Safety Officer/NCO (30 SW/SEGB):
  - 1.3.1. Determines response time for Chief of Safety.
  - 1.3.2. Analyze and interpret mishap data to determine trends.
  - 1.3.3. Investigate all mishaps.
- 1.4. The 30th Medical Group:
  - 1.4.1. Provides medical treatment to per-sonnel involved in mishaps.
  - 1.4.2. Report serious injuries or fatalities to the Command Post (30 SW/CP).
  - 1.4.3. Provides ambulance response to mishaps.
- 1.5. The Command Post (30 SW/CP):
  - 1.5.1. Notifies the Commander, 30 SW, and affected unit commanders, and the Safety Duty Officer/NCO of mishaps.
  - 1.5.2. Initiate OPREP-3 reporting when required.
- 1.6. The 30 Transportation Squadron (30 TRNS) provides cost estimates on damaged vehicles or equipment.
- 1.7. The 30th Civil Engineering Squadron (30 CES) reports fire causing injuries and property damage.
- 1.8. The 30th Security Police Squadron (30 SPS) reports mishaps involving death/injury to military/civilian personnel and accidents or mishaps of interest to the 30 SW Commander.
- 1.9. The 30th Logistics Support Squadron (30 LSS) reports mishaps involving explosives, missile support and nuclear certified equipment.
- 1.10. Supervisors reports serious mishap to the 30 SW/CP, unit commander, and unit safety representative.

## 2. Mishap Notification Procedures and Responsibilities:

- 2.1. During normal duty hours the supervisor responsible for an activity or operation where a serious mishap occurs immediately informs 30 SW/CP, the unit commander and unit safety representative. (Examples of serious mishaps are: serious or fatal injury to personnel, exposure to toxic fuels or hazardous radiation, extensive damage to USAF property, any unusual aircraft incident or damage, etc.) When prompt notification to the unit commander is not possible, the supervisor reports the mishap to 30 SW/CP and Pad Safety (30 SW/SEGP) and/or Flying Safety (30 SW/SEGF) as required. **Notifying 30 SW/CP does not eliminate the requirement for the supervisor to report the mishap to the unit commander.** Report all mishap categories and classes to include nuclear deficiencies that require reporting as a Dull Sword.
- 2.2. After normal duty hours, the 30th Medical Group (30 MDG), 30th Security Police Squadron (30 SPS), Job Control (30 LSS/LGLOJ), 30th Civil Engineering Squadron Base Fire Chief (30 CES/CEF), or anyone having knowledge of a mishap will notify 30 SW/CP (extension 6-9961) who will notify the responsible unit commander and the on-call Safety Duty Officer or NCO (30 SW/SEGB).

2.3. If a military or civilian worker is injured, the supervisor will complete AFSPC Form 87, **On or Off Duty Ground Safety Mishap Report**, (Attachment 3), and forward to Ground Safety (30 SW/SEGB), Bldg 7015, Suite 3D, 806 13th Street, Section H, Vandenberg AFB CA 93437-5230, within 24 hours of the mishap. If the worker is treated by 30 MDG the supervisor will also complete Section C of 30 SW Form 830 (Attachment 2) and return the completed form to 30 SW/SEGB within three work days.

2.4. If a Department of Defense (DoD) civilian is injured, the supervisor is required to complete Department of Labor forms CA-1, *Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, and CA-16, *Authorization for Examination and/or Medical Treatment*, and provide it to the medical treatment facility.

2.5. If a Non-Appropriated Fund (NAF) civilian is injured, the supervisor is required to complete a Labor Department form LS-1, **Request for Examination and/or Treatment**, and provide it to the medical treatment facility.

### 3. 30th Medical Group.

3.1. Promptly notifies the 30 SW/CP (extension 6-9961) of:

3.1.1. Military personnel involved in mishaps and admitted to the hospital.

3.1.2. Treatment of military personnel for injuries of an unusual nature (i.e., those resulting from industrial or occupational injuries or illnesses, exposure to toxic fuels, hazardous radiation, etc.).

3.1.3. Any serious injury or fatality resulting from a mishap.

3.1.4. Ambulance response to a mishap.

3.1.5. Death or injury to military personnel.

3.1.6. Death or injury to a DoD civilian.

3.1.7. Death or injury to family members of active duty personnel.

3.1.8. Death or injury to non-Air Force personnel as a result of Air Force operations, equipment or vehicles.

3.1.9. An accidents or mishaps of interest to the 30 SW Commander and staff.

#### **NOTES:**

1. In most instances, actions taken by 30 MDG will be accomplished by hospital emergency room personnel (30 MDG/SGHGE).
2. 30 MDG makes the same notification when notified of admittance of Vandenberg AFB personnel to other military or civilian hospitals under similar circumstances.
3. 30 MDG will initiate and complete Section A of 30 SW Form 830, **Injury Report** (Attachment 1 and Attachment 2) for any military personnel, regardless of duty status. A 30 SW Form 830 will be initiated and completed for NAF civilians, or DoD civilians treated for on-duty injuries or illnesses.
4. Notify Bioenvironmental Engineer (30 MDG/SGB) when exposure to toxic fuels, hazardous chemicals, radioactive materials or when radio frequency (RF) radiation is suspected or confirmed.

**4. 30th Security Police Squadron.** The Desk Sergeant will notify 30 SW/CP, extension 6-9961, when informed of mishaps resulting in any of the following:

- 4.1. Death or injury to military personnel.
- 4.2. Death or injury to a DoD civilian.
- 4.3. Death or injury to family members of active duty personnel.
- 4.4. Death or injury to non-AF personnel as a result of Air Force operations, equipment or vehicles.
- 4.5. Accidents or mishaps that may be of interest to 30 SW/CC and staff.
- 4.6. Response time to investigate a mishap is critical. The 30th SPS Desk Sergeant will notify 30 SW/SEGB (Duty Safety Officer/NCO) of any mishap. 30 SW/SEGB will determine the requirement for 30 SW/SE respond to the mishap scene.

**5. 30th Civil Engineering Squadron.**

5.1. The Base Fire Chief (30 CES/CEF) will ensure the fire department control center notifies 30 SW/CP of fires causing injury or property damage. A copy of DD Form 2324, **DoD Fire Incident Report**, will be provided to 30 SW/SEGB on all reportable fire incidents.

5.2. The Requirements/Logistics Branch (30 CES/CEOEO), within three hours of occurrence, will provide the Command Post with a verbal preliminary cost estimate of damage to government Real Property and Real Property Installed Equipment (RP/RPIE) resulting from mishaps. A written estimate of damage will be sent to 30 SW/SEGB or 30 SW/SEGF within five work days from date of occurrence.

**6. 30th Transportation Squadron.** Upon request, the Vehicle Maintenance Flight (30 TRNS/LGTM) will provide 30 SW/SEGB a verbal cost estimate of any damage to Air Force motor vehicles and USAF special purpose vehicles involved in mishaps. Send a written copy of the computer generated vehicle and equipment work order for the accident repair estimate to 30 SW/SEGB within five work days of the completion of the accident estimate.

**7. 30th Space Wing Command Post.** Notify action agencies and submit reports as required. As a minimum, notify the commander of the unit affected, 30 SW/CC, 30 SW Safety Duty Officer or NCO as time permits. Accomplish the OPREP-3 reporting as required. A copy of OPREP-3 messages involving reportable mishaps will be coordinated with and a copy provided to 30 SW/SEGB duty Safety Officer/NCO.

**8. 30th Logistics Support Squadron.** After duty hours, Job Control (30 LSS/LGLOJ) will notify 30 SW/CP and 30 SW stand-by duty Safety Officer/NCO of any mishap involving squadron resources or personnel. Examples of mishaps to be reported are: accidents involving missiles, missile support equipment, explosives, deficiencies involving nuclear certified equipment, government/private owned vehicle accidents. During duty hours only, notify 30 SW/SEGP through 30 SW/CP of any mishaps concerning missile processing.

**9. 30th Space Wing Safety.**

- 9.1. Brief the (30 SW/CV) on preliminary information, initial determination of reportability and recommended response procedures.
- 9.2. Pick up 30 SW Forms 830 from the 30 MDG Emergency Room each workday, complete Section B and forward to the unit that experienced the mishap.
- 9.3. Maintain a file of 30 SW Forms 830. Follow-up on completion of forms by units. Analyze and interpret mishap data to determine trends.
- 9.4. Investigate all mishaps according to criteria contained in AFI 91-204. Provide written and electronic message reporting according to AFI 91-204, or as required by 30 SW/CC.
- 9.5. At a minimum, per telcon and AFI 91-204, the Safety Officer/NCO may coordinate on 30 SW/CP OPREP-3 reports and will obtain a copy of the OPREP-3 prior to duty the following duty day.

**10. Mishap Response Procedures:**

- 10.1. Upon notification of a mishap, 30 SW/SE or the Safety Duty Officer/NCO will make an initial determination of required response. The following matrix will be used as a guide:

<b>TYPE OF MISHAP:</b>	<b>RESPOND PER:</b>
Fatality	AFI 91-204
Air Force Motor Vehicle	AFI 91-204
Special Purpose Vehicle	AFI 91-204
Private Motor Vehicle	AFI 91-204
Property damage	AFI 91-204
Missile/Space	AFI 91-204
Mishap During Launch*	
Missile/Space	AFI 91-204
Mishap day-to-day**	
Major Fire	AFI 32-4001 30 SW OPLAN 32-1
Explosion	AFI 32-4001 30 SW OPLAN 32-1
Natural Disaster	AFI 32-4001 30 SW OPLAN 32-1
Aircraft Mishap***	AFI 91-204
**	Other immediate reporting as required (Note 2) (Note 4)
***	Immediate reporting as required (Note 1) (Note 3)
****	Immediate reporting as required (Note 1)

**NOTES:**

1. If the mishap is reportable according to AFI 91-204, 14 AF/SE, 30 SW/CC/CV/SE will determine whether a full mishap investigation board or a single mishap investigating officer will be assigned. 30 SW/SE will make recommendations for the single investigating officer. A pre-coordinated letter of appointment, signed by 30 SW/CV designating an Interim Mishap Investigation Board President, is prepared prior to every launch from Vandenberg. The appointed individual is on station near the Launch Operations Control Center (LOCC) during launch countdown. In the event of a catastrophic abort or anomaly requiring board activation, this individual assumes responsibility. The board president will determine exact board requirements according to AFI 91-204, Chapter 3. If a mishap board is convened, the board's action will be conducted according to AFPAM 91-211, *US Air Force Guide to Mishap Investigation*, and AFI 91-204.
  2. In circumstances where a Class A missile mishap caused no apparent collateral damage, it may be investigated only by a Launch Analysis Group (LAG), but 30 SW/ SEGP will submit a preliminary 8-hour message report. If collateral damage or fatalities are involved, the mishap will be investigated according to AFI 91-204, and the LAG will only investigate matters pertaining to the launch failure. The LAG's findings will be incorporated into the AFI 91-204 report.
  3. A mishap investigation board will be organized according to AFPAM 91-211. Modifications will be made to conform to a missile mishap.
  4. If a LAG is assigned to investigate a mishap, the Survival Recovery Center (SRC) may be formed upon the direction of 30 SW/CC/CV to coordinate base support and requests for site entry until the analysis is complete. The SRC will contact the LAG chairman or designated representatives to authorize entry to the mishap scene.
- 10.2. If not otherwise required, consider notifying the following persons/agencies to respond to help investigate the mishap:

Unit commander

Unit Safety Representative (USR)

Fire Chief

- Base photographer (still and/or video photography, as appropriate)
- Security Police
- Weather officer
- Civil Engineer
- Maintenance Officer/NCO for system involved
- Operations Officer/NCO for system involved

**11. Form Prescribed: 30 SW Form 830, Injury Report.**

LEOPOLDO ARAGON,  
Acting Chief of Safety

## Attachment 1

**INSTRUCTIONS FOR 30 SW FORM 830, INJURY REPORT**

The 30 SW Form 830, **Injury Report**, will be initiated by 30 MDG and will be utilized by 30 SW/SEGB to track and investigate Air Force mishaps. The following instructions will be used by 30 MDG, 30 SW/SEGB, and the organization to which the injured individual belongs.

**Section A:** Will be filled out by the Base Hospital.

Block 1. **FROM:** Indicate the medical facility completing the form.

Block 2. **NAME:** Last name, first name and middle initial of injured person.

Block 3. **GRADE:** Military/Civilian grade. **Example:** MSgt; GS-09; NA-08.

Block 4. **ORGANIZATION:** Organization/Unit and office symbol of injured person. **Example:** 30 CES/CCQ.

Block 5. **JOB ASSIGNMENT:** Injured person's job assignment. **Example:** Warehouse worker; Security Police, etc.

Block 6. **DATE:** Date Injury Report is filled out.

Block 7. **DUTY PHONE:** Injured person's duty phone.

Block 8. **DESCRIPTION OF INJURY/ILLNESS:** Injury description **in layman's terms**. **Example:** Fractured right upper arm.

Block 9. **INJURY DATA:**

- a. **LOSS OF CONSCIOUSNESS:** Check applicable box.
- b. **HOW DID MISHAP OCCUR:** Explain how the mishap occurred.  
**Example:** Tripped on cord and fell.
- c. **WHERE DID MISHAP OCCUR:** Explain where the mishap occurred.  
**Example:** Base Gym; Bldg. 1101, etc.
- d. **WHEN DID MISHAP OCCUR:** **Example:** 6 Mar 95, 1500 hrs.
- e. **HOME ADDRESS:** Injured person's residence address.
- f. **HOME PHONE:** Injured person's home phone.
- g. **DUTY STATUS:** Did injury occur "On" or "Off" duty.

Block 10: **DISPOSITION:**

- a. **REPETITIVE MEDICAL TREATMENT:** Check applicable box.
- b. **RETURN TO FULL DUTY:** Check box if returned to full duty.
- c. **PLACED ON QUARTERS FOR \_\_\_ HOURS.:** Check box if placed on quarters and indicate how long. **Example:** 48 Hrs
- d. **HOSPITALIZED. ESTIMATED DUTY DAYS LOST:** Check box if

hospitalized and indicate estimated duty days lost.

e. **RETURNED TO RESTRICTED/LIMITED DUTY FOR \_\_\_ DAYS:** Check box if returned to restricted/limited duty and indicate how many days and specify the type of restriction or limitation.

**Example:** No lifting; No prolonged standing; etc.

**Section B:** Will be completed by the Base Safety Office.

Block 1. **SAFETY OFFICE CASE NUMBER:** Safety Office control number.

Block 2. **FROM:** (Base Safety Office). **Example:** 30 SW/SEGB.

Block 3. **TO:** The injured person's organization. **Example:** 30 LSS/LGU.

Block 4. **SPECIAL INSTRUCTIONS:** Indicate any special handling instructions.

Block 5. **SUSPENSE:** Date this form must be returned to 30 SW/SEGB.

**Section C:** (TO BE COMPLETED BY INJURED PERSON'S SUPERVISOR)

Block 1. **NAME OF SUPERVISOR:** Indicate supervisor's name. (This should be the name of the person completing this portion of the Injury Report.)

Block 2. **SHOP/OFFICE:** Office symbol or title of section. **Example:** 30 CES/CEOY; Production Control Branch; etc.

Block 3. **PHONE:** Supervisor's duty phone number.

Block 4. **DATE COMPLETED:** Indicate date form completed.

Block 5. **BLDG/LOCATION/DATE/TIME OF MISHAP:** Self explanatory.

Block 6. **ANY VIOLATION OF THE PROPER USE OF PERSONAL PROTECTIVE EQUIPMENT?:** State type of personal protective equipment (PPE) required for task. Indicate

any violation of the use of PPE. **Example:** Goggles required for task. Injured worker failed to wear eye protection.

Block 7. **ANY VIOLATION OF APPROPRIATE OIs, TOs, AFOSH STANDARDS, AFIs, etc?:** Indicate any violation of appropriate standards. **Example:** Violated AFOSH Std. 127-1, para 6c.

Block 8. **ANY EXISTING PHYSICAL LIMITATIONS?:** Indicate any physical limitations the injured individual had prior to the mishap. **Example:** Eyeglasses, alcohol, medication, pre-existing injury, etc.

Block 9. **WHAT WAS BEING DONE AT THE TIME OF THE MISHAP?:** Explain exactly what was being done at the time of the mishap. Be specific.

Block 10. **WHY DID MISHAP OCCUR?:** Indicate why the mishap occurred. **Example:** Worker was using the wrong tool for the job -- a screwdriver instead of a pry bar.

Block 11. **WHAT HAVE YOU DONE TO PREVENT RECURRENCE?:** Be specific. Indicate what you have done to prevent similar mishaps from occurring again. **Example:** Covered hole; scheduled worker to attend training class; wrote Operating Instruction for chemical mixing; etc.

Block 12. **IS LIMITED DUTY AVAILABLE?:** Indicate if limited duty is available, such as: answering phones. If unavailable, explain why limited duty was not made available.

Block 13. **TASK EXPERIENCE:** Indicate how long the individual has been performing the job or has been certified for the job or task.

Block 14. **NUMBER OF WORKDAYS/HOURS LOST:** Indicate number of work days or work hours the individual lost as a result of the injury or recuperation. (**NOTE:** Lost work days or work hours are those days or hours prescribed by a physician or other competent medical authority. Do not count hours or days given off at the sole discretion of the supervisor.)

Block 15. (**SIGNATURES**): Obtain Supervisor's, Unit Safety Representative's, and Commander's signature and return to 30 SW/SEGB.

INJURY REPORT					
<small>PRIVACY ACT STATEMENT</small>					
<small>AUTHORITY: 10 U.S.C. Chapter 55, Medical and Dental Care, and 10 U.S.C. 2612 Secretary of the Air Force powers and delegations by</small>					
<small>PURPOSE: Used to aid in preventable safety control programs, track, compile statistical data and conduct research. Also to document, plan and coordinate the health care of patients</small>					
<small>ROUTINE USES: Records from this document may be disclosed for any of the below routine uses published by the Air Force. Records which reveal the identity, diagnosis, prognosis or treatment of any individual for drug or alcohol abuse may only be disclosed to accordance with 21 U.S.C. 1775 (for drug abuse) and 42 U.S.C. (for alcohol abuse). Blanket routine uses do not apply in these cases.</small>					
<b>SECTION A: TO BE COMPLETED BY BASE HOSPITAL</b>				1. FROM: (Medical Treatment Facility) Vandenberg AFB Hospital	
2. NAME (Last, First, Middle Initial) BURT, Johnnie B.			3. GRADE SrA	4. ORGANIZATION 30 CBS/CCQ	5. JOB ASSIGNMENT (Military) AFSC (Civilian) Job Series#
6. DATE (Date Form Written)	7. DUTY PHONE (Patient's Phone)	8. DESCRIPTION OF INJURY/ILLNESS (Use Nonmedical Terms) (Describe injury and body part in layman's terms) fracture, left shin			
9. INJURY DATA					
A. LOSS OF CONSCIOUSNESS		YES	X	NO	
B. HOW DID MISHAP OCCUR (Describe how the person sustained the injury) Playing Soccer, stepped in gutter hole.					
C. WHERE DID MISHAP OCCUR (Describe exact location) Base Soccer field adjacent to Recreation Center					
D. WHEN DID MISHAP OCCUR		DATE	Date of injury	TIME	Time of injury
E. HOME ADDRESS Bldg 34321, Rm 43					
F. HOME PHONE T34-8080					
G. DUTY STATUS		ON	X	OFF	
10. DISPOSITION (To be completed by medical unit/family)					
A. REPETITIVE MEDICAL TREATMENT		IS		IS NOT REQUIRED.	
B. RETURN TO FULL DUTY.					
C. PLACED ON QUARTERS FOR _____ HOURS.					
D. HOSPITALIZED - ESTIMATED DUTY DAYS LOST					
E. X		RETURNED TO RESTRICTED/LIMITED DUTY FOR 3 DAYS. IDENTIFY RESTRICTION/LIMITATION No prolonged standing; see crutches.			

Attachment 2

30 SPACE WING FORM 830 (REVERSE)

<b>SECTION B: TO BE COMPLETED BY BASE SAFETY</b>			1. SAFETY OFFICE CASE NUMBER
2. FROM <i>(Base Safety Office)</i>		3. TO:	
4. SPECIAL INSTRUCTIONS			5. SUSPENSE
<b>SECTION C: TO BE COMPLETED BY THE SUPERVISOR IN CHARGE OF THE ACTIVITY AT THE TIME OF THE MISHAP, FOR OCCUPATIONAL ILLNESSES AND INJURIES EXPERIENCED BY DAF MILITARY AND CIVILIAN PERSONNEL. RETURN TO THE BASE SAFETY OFFICE WITHIN THE SUSPENSE DATE LOCATED IN SECTION B, BLOCK 5.</b>			
1. NAME OF SUPERVISOR	2. SHOP/OFFICE	3. PHONE	4. DATE COMPLETED
5. ELDO LOCATION AND DATE TIME OF MISHAP			
6. ANY VIOLATION OF THE PROPER USE OF PERSONAL PROTECTIVE EQUIPMENT?			
7. ANY VIOLATION OF APPROPRIATE CIs, TOs, AROH STANDARDS, ARs, etc.? <span style="float: right;">(Supervisors will complete this section according to</span>			
8. ANY EXISTING PHYSICAL LIMITATIONS <i>(i.e. Glasses, Alcohol, Medication)</i> ? <span style="float: right;">instructions in attachment 1.)</span>			
9. WHAT WAS BEING DONE AT THE TIME OF THE MISHAP?			
10. WHY DID MISHAP OCCUR?			
11. WHAT HAVE YOU DONE TO PREVENT REOCCURRENCE?			
12. IS LIMITED DUTY AVAILABLE? IF YES, LEAVE BLANK. IF NO, PLEASE EXPLAIN.			
13. TASK EXPERIENCE <i>(How long the individual has been performing certified for task?)</i>			14. NUMBER OF WORK DAYS/ HOURS LOST
15. UNIT COMMANDER SIGNATURE	UNIT SAFETY REPRESENTATIVE SIGNATURE	SUPERVISOR SIGNATURE	

Attachment 3

AFSPC FORM 87

(Note: Items 4, 5, 8, 12, 13 and 14 - Self Explanatory. Fill in or check as appropriate.)

ON OR OFF DUTY GROUND MISHAP REPORT											
<i>(See Instructions on Reverse)</i>											
<b>TO:</b> 30 SW/SEGB				<b>THRU UNIT CC:</b> (Owing Organization Commander)				<b>FROM:</b> (Involved supervisor or USR)			
1. NAME, GRADE OF PERSON Name(s) of involved person(s)			2. ASSIGNED ORGN/DUTY PHONE Organization/Office Symbol and Duty Phone #			3. AFSC, JOB ASSIGNMENT MILITARY: AFSC CIVILIAN: Job Series			4. AGE		
									5. SEX MALE FEMALE		
6. DATE OF MISHAP				7. LOCAL TIME		8. MISHAP LOCATION					
YEAR	MONTH	DAY	DAY OF WEEK	24-Hour Time (1745 hrs)		ON BASE		DESCRIBE Exact Location			
DATE	THE	MISHAP	OCCURED			OFF BASE					
9. DESCRIBE INJURY/PROPERTY DAMAGE INJURIES: Describe in layman's terms the type and severity of injury and location on the person's body. EQUIP/VEHICLE DAMAGE: Describe exact damage						10. DAYS Expected number of days the injured person will miss work due to mishap.			11. MISHAP COST Replacement cost of damaged equipment or vehicle.		
12. WRITTEN INSTRUCTIONS						13. EQUIPMENT			14. SUPERVISION		
YES	NO		YES	NO		YES	NO		YES	NO	
		PUBLISHED			USED			ADEQUATE			PROVIDED
		AVAILABLE			VIOLATED			GOOD CONDITION			ADEQUATE
15. SUPERVISOR'S REPORT ON HOW AND WHY MISHAP OCCURRED The supervisor should describe in detail the conditions or actions that led to the mishap. If equipment failure is known or suspected, that information should be included. If a person committed an unsafe act or deviated from accepted procedures, explain the details. Don't simply state that a mishap happened, state WHY and HOW it happened.											
16. SUPERVISOR'S REPORT ON WHAT HAS BEEN DONE TO PREVENT RECURRENCE OF SIMILAR MISHAPS IN THEIR ORGANIZATION If the cause of the mishap is within the area of supervisory control, explain what actions have been taken or planned to prevent similar mishaps from recurring.											
17. SUPERVISOR'S NAME AND TITLE						GRADE			DUTY PHONE		
FULL NAME AND DUTY TITLE						SUPV'S GRADE/RANK					
18. SUPERVISOR'S SIGNATURE									DATE		
19. UNIT COMMANDER'S COMMENTS Once the supervisor or unit safety representative (USR) has completed this form, hand-carry it to the commander. The commander should comment on the reason for this mishap and any actions taken or planned to prevent recurrence.											
20. SIGNATURE OF UNIT COMMANDER									DATE		